## **FEC FORM 3L**

## RECEIVED. SECRETARY OF THE SENATE

## REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS PM 5: 197

1.		ISE FEC MAILING LABEL OR TYPE OR PRINT	Example:If typing, type over the lines		
	DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE				
	ADDRESS (number and street) 120 Maryland Ave. NE				
	Check if different than previously Washington , DC , 20002 , 1				
	reported. (ACC)	CITY		STATE	ZIP CODE
2.	FEC IDENTIFICATION NUMBI	ER 3. IS THIS	X NEW OR	AMENDED	4. STATE DISTRICT
	C00042366	REPOR	T LA (N)	(A)	DC
5.	TYPE OF REPORT (Choose One)	(b) Monthly Feb 20 (Ma	2) X May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due On: Mar 20 (M3	3) Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report (Q1)	Apr 20 (M4	Jul 20 (M7) an Semi-annual F		r ''
	July 15 Quarterly Report (Q2) and/or Semi-annual Report  (c) 12-Day PRE-Election PRE-Election PRE-Election PRE-Election PRE-Election Primary (12P)  General (12G)  Run off (12R)  This senert all				
Report for the: Special (12S) Convention (12C) the s					This report also covers the semi-annual period
	Quarterly Report (Q3)		7 [ ]	in the	See Line 6(b)
	January 31 Year-End Report (YE)	Election on	<u> </u>	State of	Oco Line d(b)
	and/or Semi-annual Report  July 31 Mid-Year	(c) 30-Day POST-Election	General (30G) Runof	f (30R) Special (30S	This report also covers the semi-annual period
	Report (Non-election Year - PAC/Party) (MY)	Report for the:			
	and/or Semi-annual Report	Election on		in the State of	See Line 6(b)
6.	Covering Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period				
	0 4 0 1 2 0 1 1 through 0 4 3 0 2 0 1 1 and/or January 1 - June 30				
		<u> </u>			July 1 - December 31
7.	Total Reportable Bundled Contributions by (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period Lobbyists/Registrants or Lobbyist/Registrant PACs				
	I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.				
	Type or Print Name of Treasurer Deanna Nesburg				
	ha Maria				
	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.				
	Office Use			FE	C FORM 3L
	Only			.	02/2009